



Mayor Steve Williams
City of Huntington

December 27, 2018

The Hon. Joe Manchin, Senator
900 Pennsylvania Avenue, Suite 629
Charleston, WV 25302

Dear Senator Manchin,

As the mayor of Huntington, West Virginia, I oversee a city that has been ravaged by the opioid drug crisis. This epidemic has required every member of my community to play a role in combating it. While we have made progress, we need your help as you have so often provided Huntington in the past.

As we have discussed before, Cabell County had 28 opioid overdoses within a five-hour period in August 2016. Incidents like that have prompted such disparate organizations as the British Broadcasting Corporation and the *Journal of the American Medical Association* to feature Huntington as a prime example of how the drug epidemic has crippled not only West Virginia but also much of Appalachia.

By one count, nine pharmaceutical distributors flooded Cabell County with 40 million prescription hydrocodone and oxycodone pills from 2007 to 2012. According to the Centers for Disease Control and Prevention, West Virginia's drug overdose death rate is about two-and-a-half times that of the average rate for the United States. Overdose deaths in West Virginia rose steadily from 735 in 2015 to 887 in 2016 to 934 in 2017. The American Enterprise Institute has estimated that the drug crisis costs West Virginia \$8.8 billion a year.

Because substance use disorders have been so severe in my community, I represented Huntington and many other communities at the Canada-U.S. Roundtable on the Opioid Crisis in Washington, D.C., in September. As I said at that conference, we stand together to overcome the scourge of opioids. We must fight it at the local, state and national levels.

I am intensely interested in any measure that could reduce the misuse and abuse of opioids in this region and the rest of the nation. One way to do that is to reduce the number of opioids that physicians prescribe to patients to help them recover from surgery. That is because surgery has become an inadvertent gateway to persistent drug use for too many people. According to a new study reported in October on seven orthopedic and soft tissue surgical procedures, surgical patients were prescribed an average of 82 opioid pills to help them manage postsurgical pain. About 9 percent of such patients continued to take the opioids for at least three to six months after their operations. In addition, unused opioid pills can be diverted for use by others, which is another way they contribute to the opioid crisis.

We must work together with the clinical community to provide them access to new tools that reduce the need for opioids.

Senator Manchin, you can help by sponsoring legislation that gives patients and physicians access to non-opioid options for relieving post-surgical pain. Right now, Medicare discourages the use of non-opioid treatments in outpatient units because the hospitals would have to bear the costs of them. By

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contrast, the hospitals bear none of the costs when they send patients home with prescriptions for opioids. Unfortunately, as I have explained already, those opioids too often lead to other costs borne by the people who become addicted to them and the communities where they live. When those patients are covered by Medicare Part D, Medicare ends up paying for those opioids. Thus, Medicare provides an incentive for physicians at hospital outpatient units to prescribe opioids instead of the healthier option of administering non-opioid treatments while the patients are still at the hospitals – and later pays for the drugs that can cause so much harm.

I don't mean to imply that people who get addicted to opioids are primarily Medicare recipients or that Medicare is solely responsible for the problem. But it is important to get CMS to change the policy because other insurers follow Medicare's lead. CMS can be very influential. For example, after CMS allowed payment for bupivacaine liposome injectable suspension, which goes by the brand-name Exparel, in ambulatory surgery centers, Aetna announced in October that it would reimburse select ambulatory surgical centers for use of that non-opioid treatment as part of a pilot program in New Jersey and Florida. The Food and Drug Administration approved it in April as the first long-acting, single-dose nerve block available for surgical patients, but other such drugs are in the FDA pipeline.

CMS has yet to allow for payment of that drug in the hospital outpatient setting. Because of West Virginia's certificate of need law, the majority of outpatient procedures occur in that setting. Thus, the disincentive for physicians to choose such non-opioid treatments continues in those cases.

Therefore, the time is right to push for CMS to change federal policy. Through discussions I have had on this matter, I have learned that two changes are needed in Medicare policies. One is to change the outpatient hospital surgical supply packaging policy to permit separate payment for drugs used to treat postsurgical pain. The other is to change the outpatient hospital comprehensive ambulatory patient care policy, so it no longer bundles payment for non-opioid pain management treatments into the Medicare payment for surgical procedures.

Senator, I know you care for our fellow West Virginians as much as I do. I urge you to use your power in Congress to introduce legislation that would mandate CMS to make the above policy changes or to use your influence to persuade CMS to make the changes in lieu of legislation. We must do anything we can to curb the opioid crisis. These policy changes would be a good step in that direction.

Thank you for your consideration of this matter. Please call on me if I can be of any help.

Sincerely,



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Mayor, City of Huntington

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